

# Psychiatric Stigma Follows You Everywhere

22–28 minutes

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A problem you should think about before consulting a mental health professional, or encouraging someone else to do so, is the stigma of having received the so-called therapy. If you seek counseling or "therapy" from a psychiatrist or psychologist, how are you going to answer questions on job applications, applications for occupational or professional licenses, a driver's license, applications for health or life insurance, and school and college applications, such as "Have you ever had psychiatric or psychological therapy?" When you apply for a job or occupational license or a driver's license or apply for an insurance policy or admission to an educational program you will often be required to answer this or a similar question. When you answer such questions candidly and admit having received psychiatric or psychological "help", the result often will be loss of important opportunities: Answering yes to such questions often results in rejection for employment or licensure or admission to college or other educational program or denial of insurance coverage. Sometimes you will be forced to ask your "therapist" to breach the confidentiality of your communications with him or her by making a report on you in order for you to get a job, license, insurance coverage, or admission to school. If you conceal your experience of psychiatric or psychological "therapy" by answering "no", thereafter you will have to be careful to watch what you say and to whom, and you may with good reason worry about being found out - since you run the risk of being fired from a job or expelled from school or suffering revocation of licensure if your deception is ever discovered. You may eventually find the insurance policy you have been paying premiums on for many years is valueless because of what you concealed on the application for the policy years earlier.

In his book *The Powers of Psychiatry*, Jonas Robitscher, J.D., M.D., Professor of Law and Behavioral Sciences at Emory University's Schools of Law and Medicine, pointed out that "Applicants for the state of Georgia bar examination, like applicants in many other states, are required to state...whether they have ever received diagnosis of...emotional disturbance, nervous or mental disorder, or received regular treatment for any of these conditions. Although there is no known instance of this information having been used to keep an applicant from taking the examination or being admitted to the Georgia bar, there are instances of denying applicants in other jurisdictions" (Houghton Mifflin Co., 1980, p. 234).

In the same book Dr. Robitscher described the case of a medical school applicant who had graduated from college magna cum laude, who was admitted to Phi Beta Kappa, and who scored in the upper ninety-ninth percentile in the Medical College Admission Test - but who was denied admission to medical school because she had sought psychiatric treatment (pp. 238-239). He said this is typical of "prejudicial policies of not admitting or readmitting students who have had or are undergoing psychotherapy" (p. 239).

An airline pilot told me he was grounded for seven months by the Federal Aviation Administration because he revealed he had been seeing a psychiatrist (for so-called outpatient psychotherapy) on the medical history questionnaire he was required to fill out as part of his routine periodic medical examinations required of airline pilots and which involved criminal penalties (a fine

of up to \$10,000 and/or up to five years imprisonment) for concealing the requested information. He told me he enjoyed seeing the psychiatrist but that the hassle which resulted from his doing so, because of the questions it created about his job qualifications, out-weighed whatever benefit came from seeing the psychiatrist. He said that all factors considered, "It wasn't worth it." When taking physical examinations, pilots in the United States are required to "List all visits in the last three years to a physician, physician assistant, nurse practitioner, *psychologist, clinical social worker*, or substance abuse specialist for treatment, evaluation, or counseling. Give date, name, address, and type of health professional consulted, and briefly state reason for consultation. ... Routine dental, eye, and FAA periodic medical examinations may be excluded" (FAA Form 8500-8, italics added). This suggests that, contrary to what some people think, anyone consulting a psychologist or clinical social worker is considered suspect. That is, stigma attaches to anyone consulting not only psychiatrists, but also psychologists or social workers. Routine dental or eye examinations involve no stigma or suspicion of disqualification and therefore are not required to be reported.

The 1988 Democratic Party Presidential nominee, Massachusetts Governor Michael Dukakis, in the words of *Newsweek*, "was accused of having received psychiatric treatment" ("The High Velocity Rumor Mill", *Newsweek*, August 15, 1988, p. 22. See also, Andrew Rosenthal, "Dukakis Releases Medical Details To Stop Rumors on Mental Health", *The New York Times*, August 4, 1988, p. 1). The accusations proved to be false, but the impression given by the news reports about this story is that Dukakis' presidential campaign would have been doomed by this one fact alone if the claim he had ever consulted a psychiatrist or psychologist had proven to be true. In 1972 U.S. Senator Thomas Eagleton was nominated for Vice-President of the United States at the Democratic National Convention but subsequently was removed from the ticket by the Democratic National Committee when it became known he had undergone psychiatric treatment, including hospitalization and electric shock treatment.

Bruce Ennis, an ACLU attorney who has represented people deprived of employment because of psychiatric stigma, argues that "In the job market, it is better to be an ex-convict than an ex-mental patient." He says "very few employers will knowingly hire an ex-mental patient." He points out that "Almost all public employers and most large companies ask job applicants if they have ever been hospitalized for mental illness" and that "If the answer is yes, the applicant will almost certainly not get the job". Mr. Ennis also points out that "if the applicant lies and says no, he runs the risk of eventual discovery". On this basis Mr. Ennis argues that "It is time for psychiatrists and judges to face the brutal facts. When they commit a person to a mental hospital, they are taking away not only his liberty, but also any chance he might have for a decent life in the future." On the basis of his experience as an attorney for people saddled with psychiatric stigma he observes that "Even voluntary hospitalization creates so many problems and closes so many doors that an old joke takes on new truth - a person has to be crazy to sign himself into a mental hospital" (Bruce J. Ennis, *Prisoners of Psychiatry: Mental Patients, Psychiatrists, and the Law*, Harcourt Brace Jovanovich, 1972, pp. 143-144). Mr. Ennis wrote those remarks in 1972, but if anyone is inclined to think psychiatric stigma substantially diminished during the 1970s and 1980s, consider once again the reaction of the press and public in 1988 to the apparently false allegation that presidential candidate Governor Michael Dukakis had previously consulted a psychiatrist. That it should be such a headline grabbing issue shows how stigmatizing is any experience as a psychiatric "patient". This public reaction is particularly noteworthy in light of the fact that Governor Dukakis was accused only of consulting a psychiatrist in his office, not psychiatric

hospitalization.

The presumption of unreliability, untrustworthiness, and emotional instability which flows from having ever sought psychiatric or psychological "therapy" doesn't haunt only people with responsibilities like doctors, lawyers, airline pilots, and Presidential/Vice-Presidential candidates: In his book, *Prisoners of Psychiatry*, ACLU attorney Bruce Ennis reports many cases of people who have been denied taxi driver licenses because of past psychiatric treatment even though "Most of them had never been hospitalized" and had never done anything to suggest they were dangerous (p. 160).

In a book she wrote, Eileen Walkenstein, M.D., a psychiatrist, says "A psychiatric diagnosis is like a jail sentence, a permanent mark on your record that follows you wherever you go" (*Don't Shrink To Fit! A Confrontation with Dehumanization in Psychiatry and Psychology*, Grove Press, 1975, p. 22). If you consult a mental health professional, you will probably get *some* kind of "diagnosis". In at least some states, professional licensing laws *require* mental health professionals, including psychologists, to keep a written record of "diagnosis" and "treatment".

In 1992, Commenting on the Americans with Disabilities Act (ADA), Peter Manheimer, chairperson of the Commission for the Advancement of the Physically Handicapped, said "It is most appropriate that the ADA protects recovering drug addicts, alcoholics, persons with AIDS, and *persons who have mental and psychological disabilities*, as they form the most misunderstood and feared portion of the disability community. *They suffer the greatest discrimination*" (Peter Manheimer, "Reporting on persons with disabilities", letter to the editor, *Miami Herald*, July 24, 1992, p. 16A - italics added).

And "a study by the National Institute of Mental Health in 1993 found that even ex-convicts rank above former mental patients in social acceptance" (Chi Chi Sileo, "Rip-offs Depress Mental Health Care", *Insight* magazine, January 24, 1994, p. 14.) This article quotes a psychiatric hospital patient saying "The stigma is incredible...Forget telling an employer! Sometimes they find out anyway, and all of a sudden you're unfit to work there" (ibid). In his autobiography, Kenneth Donaldson said after he had been committed to a psychiatric hospital, people "accepted a psychiatric diagnosis which forever rent the fabric of my life. Thereafter, not only society at large but members of my family would not see Ken the son and father and friend, but Ken the mental patient. From this would flow unimagined misery, a fog which would envelop all our lives. And our situation would be, of course, representative of millions. The fog would seep into my employment, my relations with doctors, my access to lawyers and the courts. Every enterprise in which I would engage would be poisoned by the label. It haunted me and frightened others" (*Insanity Inside Out*, Crown Pub., 1976, p. 321).

In his book *The Powers of Psychiatry*, Emory University professor Jonas Robitscher, J.D., M.D., said: "Psychiatrists have been so criticized for the errors or vagueness in their labeling procedures because the label produces a new disability, which often remains as a burden long after the symptoms that led to the label have departed. ... A study of the attitudes in a small town indicates that fellow townspeople reject other members of the community in a direct relationship to the professionalization and specialization of the source of help, with the least rejection when help is sought from a clergyman, increasing percentages of rejection for those seeking psychiatric help from physicians and psychiatrists, and the most rejection for those who get mental hospital help. A study of work supervisors shows that the knowledge that an employee is seeing a psychiatrist would be likely to rule out a promotion even if the employee is doing good work...The harm and potential harm done to

mental patients and former mental patients is not only confined to those who have had serious illnesses, those who have been hospitalized or who have had to interrupt careers or schooling. Psychiatrists know that many people who consult them as outpatients are much less 'sick' than many or most of the general population. If these people had decided not to be patients but instead to be clients or parishioners and had taken their problems to a social worker, a pastoral counselor, or a faith healer, they would have incurred no stigma. ... The ubiquitous questionnaires that ask, 'Have you ever consulted a physician for a physical or emotional or mental condition?' do not take account of those who should have and haven't, or those who are able to answer no because they have taken their problems to an encounter group, a sensitivity-training session, an est seminar, or a consciousness-raising group, and so have escaped the discriminatory effect of seeking help" (pp. 230, 232, 233).

The difficulty of getting a health insurance policy after having sought psychiatric or psychological "therapy" or even marriage counselling was mentioned in the August 1990 issue of *Consumer Reports* in an article titled "The Crisis in Health Insurance": "Virtually no commercial carriers and only a handful of Blue Cross and Blue Shield plans will sell policies to anyone who has had heart disease, internal cancer, diabetes, strokes, adrenal disorders, epilepsy, or ulcerative colitis. *Treatment for alcohol and substance abuse, depression, or even visits to a marriage counselor can also mean a rejection.* If you have less serious conditions, you may get coverage, but on unfavorable terms" (p. 540 - italics added).

The stigma involved in obtaining psychiatric "therapy" was discussed in an article by columnist Darrell Sifford titled "Should You Lie About Psychiatric Care?" appearing in *The Charlotte Observer* (Charlotte, N.C.) on June 10, 1990. A mother wrote to Mr. Sifford asking whether her teenage son, who was about to apply for admission to college, should answer truthfully the questions about psychiatric treatment, which he had had at the age of 15. She wrote: "Many of these [college application] forms request information regarding any psychiatric treatment. And once he is out in the real world, most job application forms ask for the same information ... Have we [by insisting he get psychiatric care] doomed him to a future of lying on application forms for fear of losing the position or college being applied for? What should we do?" The newspaper columnist realized the woman's question is what he called "a serious question. Very Serious." He shared the woman's letter with Paul Fink, immediate past president of the American Psychiatric Association. This was Dr. Fink's advice: "I would tell them to lie on the forms ... The stigma is there, and to deny it and sacrifice yourself by telling the truth makes no sense. ... With the public at large I work to decrease stigma, but with individual patients I impress on them how widespread and deeply rooted the stigma is. ... If two people who are equal in credentials apply for a job and one has had psychiatric treatment, that person will be discriminated against, and he'll be the loser in the competition for the job. ... Even if the person with treatment had better credentials, he most likely still would lose out to the other person. That's how deeply rooted the stigma is. ... I will not encourage anybody to acknowledge that they had treatment" (p. 4E).

Do you want to go through life with this kind of secret? How do you feel about lying on applications for the rest of your life? If it is your rebellious adolescent or troubled spouse for whom you're considering psychiatric "treatment", ask yourself this question: Do you really hate your rebellious teenager or spouse enough to impose this kind of problem on him or her? Is it really the right thing to do? The problems motivating you to impose so-called therapy on a member of your

family are probably temporary, but psychiatric stigma is forever.

The Americans with Disabilities Act (ADA), is unlikely to help much, despite its aim of eliminating discrimination in employment against people with disabilities, including alleged psychiatric disabilities. As Jonas Robitscher, J.D., M.D., said in his book *The Powers of Psychiatry* prior to the enactment of the ADA: "The disclosure that one is or has been mentally ill can lead to rejection, and other reasons for the rejection can always be found. ... Forcing private employers to hire the disabled would raise issues of invasion of privacy and problems of enforcement. Stigmatization will continue to be a problem, and discrimination will continue to exist" (p. 241-242). In areas covered by the ADA, availing oneself of its protection will probably require large amounts of time spent in litigation and a lot of money paid in lawyer's fees, with uncertain results.

And there are many areas of stigmatization and discrimination the ADA and other laws don't cover. One example is colleges and universities that do not receive federal funds. Another is the effect of psychiatric stigma on personal relationships: Keeping secrets conceals parts of who you are and prevents emotional intimacy of the sort most people want with friends and especially with one's spouse; but sharing *this* secret leaves you open to blackmail or similar kinds of pressure. Concealing psychiatric "treatment" from an employer (as is often necessary to get a job) but revealing it to one's spouse or a friend gives the spouse or friend knowledge that can be used against you if your relationship turns sour. Should you be put in a position where you must lie to your spouse or a friend to keep secret your history of so-called psychiatric or psychological "therapy" (e.g., if he or she should ask), you introduce deception into a relationship where probably you wish you could be honest and sincere. Even if you don't tell your spouse or someone you are thinking about marrying, divorce now occurs in close to a majority of marriages, and in a divorce - especially if you get into a dispute over child custody or even visitation rights - your spouse's attorney will probably ask you, under oath when you are subject to the penalties of perjury, if you have ever had psychiatric or psychotherapeutic "treatment" - perhaps confronting you with the choice of committing perjury or jeopardizing your employment by telling the truth. Whether you admit having had psychiatric or psychological "therapy" or it is discovered some other way, the resulting stigma may result in losing your children in a custody battle, and threats to reveal it to your employer may be used to pressure you to agree to property division or alimony (or lack of it) or an amount of child support that is not appropriate. You may have to consider these problems when contemplating the wisdom of getting married or divorced - problems you could have avoided by simply avoiding having received "therapy". You are likely to face a similar dilemma if you are ever called for jury duty, since during the jury selection phase of the trial potential jurors are often asked, under oath, if they have ever had psychiatric "treatment". Another time you will probably be asked about past psychiatric "treatment" is if your job requires you to get a security clearance or bonding.

If the so-called therapy helped enough, it might be worth the problems created by the stigma of having had psychiatric or psychological "help". However, the benefit assumed to come from psychiatric and psychological "therapy" (itself a questionable assumption) is vastly outweighed by the stigma that comes from receiving it. The stigma that results from seeing psychiatrists, psychologists, or psychiatric social workers is a strong argument in favor of instead consulting friends, family, or nonprofessional counselors whose expertise comes from life rather than from "professional" training, or simply working at solving your problems yourself.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". His pamphlets are not copyrighted. You are invited to make copies for distribution to those who you think will benefit.

### **1997 UPDATE**

The following appears in a pamphlet titled "Serving on a North Carolina Jury," published in 1997 as a public service of the North Carolina Bar Association in a section titled "The Questioning of Jurors": "When you report to the court for jury service, you will be asked certain general questions by the judge regarding your qualifications to serve as a juror. ... Then, when you are called to the jury panel for a particular case, the lawyers in the case have the right to ask additional questions." The pamphlet doesn't say so, but included in these questions may be whether you have ever had psychiatric treatment. You will be asked these questions while under oath, meaning you may be charged with the felony offense of perjury if you deny having had psychiatric treatment when in fact you have. Jury pools are taken from public records such as lists of registered voters and holders of driver licenses. So if you register to vote or have a driver license, you are at risk of being called for jury service. There are legal penalties for refusing to serve, so you may not be able to avoid the problem by simply refusing to appear for jury service.

### **1999 UPDATE**

A new national survey reveal by the National Opinion Research Center at the University of Chicago found that the [Stigma of mental illness still exists](#). The survey found that "The public appears to hold an exaggerated view of the impairment faced by those with mental illness and the level of danger they present to themselves and others."

### **2000 UPDATE**

"Being psychiatrically diagnosed, medicated, or hospitalized gives a child a stigma that a lifetime will not overcome. It should be avoided at all costs." Peter R. Breggin, M.D., in his book [Reclaiming Our Children](#) (Perseus Books, Cambridge, Mass., 2000), page 56.

### **2002 UPDATE**

"The ADA [Americans with Disabilities Act] was passed in 1990, prohibiting employers from discriminating on the basis of disability, including mental disability. Employers may no longer ask applicants about their mental health and hospitalization histories. ... The best the ADA has been able to accomplish is to change the workplace from one where applicants had to affirmatively lie about their psychiatric histories and diagnoses to an environment of 'don't ask, don't tell.' ... when it comes to psychiatric disabilities, it would be fair to conclude that the ADA has failed to provide a remedy against employment discrimination." Susan Stefan, J.D., [Hollow Promises - Employment Discrimination Against People with Mental Disabilities](#) (American Psychological Association, Washington, D.C., 2002), pp. xiv & 19-20. Susan Stefan is an attorney at the [Center for Public Representation](#) in Newton, Massachusetts. Until 2001, she was a professor of law at the University of Miami School of Law, where she taught disability law and mental health law. She graduated magna cum laude from Princeton University in 1980, received a master's in philosophy from Cambridge University in 1981, and received her law degree from Stanford University.

